



Adult/Parent Demographic Form

Participant ID # _____ Program Contract # _____

If this is your last session:

1. How many hours did you participate in this program? _____ hours.
2. How many sessions did you participate in? _____ sessions.

Please tell us a little bit about yourself.

1. Age: _____ 2. What is your birth date? ___/___/___ (ex. 07/11/79)
3. Sex: () Male or () Female
4. What is your ethnic background? Check one:
 = Caucasian = African-American = Hispanic = Asian-American
 = Native American = Bi-racial = Other: _____
5. What is your work status? Check one:
 Full-time Part-time Not working for pay
6. Are you currently a student? () Yes or () No
7. What is the **highest** level of education that you have? Check one:
 Do not have high school degree Completed high school or GED
 Some college 2-year college/Technical school degree
 4-year college degree Post-college degree (e.g., Master's, Ph.D., M.D.)
8. What is your **total gross household income** before taxes in the current year? Check one:
 less than \$7,000 \$7,000-\$13,999 \$14,000-\$24,999
 \$25,000-\$39,999 \$40,000- \$74,999 \$75,000 or more
9. In what county do you live? _____
10. Who lives in your house with you? (Check all that apply).
 your child(ren) your stepchild(ren)
 your boyfriend/girlfriend your husband/wife
 your father your mother
 your stepfather your stepmother
 your sister your brother
 Other (Please list): _____
11. Do you provide primary day-to-day parenting of your child(ren) (or the child you care for)?
 Yes or No

12. For each of your children, please list age and gender:

Age/Gender	Age/Gender
/ () Male or () Female	/ () Male or () Female
/ () Male or () Female	/ () Male or () Female
/ () Male or () Female	/ () Male or () Female